

# MONROE COUNTY HEALTH DEPARTMENT

## APPLICATION FOR FOOD WORKER CERTIFICATION REGISTRY (RECIPROCITY)

PLEASE PRINT

LAST NAME

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FIRST NAME & MIDDLE INITIAL

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NUMBER AND STREET ADDRESS

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CITY, STATE ZIP

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HOME TELEPHONE NUMBER

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PLACE OF FOOD SERVICE

EMPLOYMENT \_\_\_\_\_

POSITION HELD \_\_\_\_\_

NAME OF FOOD TRAINING COURSE PREVIOUSLY

ATTENDED \_\_\_\_\_

DATE OF ATTENDANCE: MONTH \_\_\_\_ YEAR \_\_\_\_

CERTIFICATE EXPIRATION DATE \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR PRESENT CERTIFICATE .**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THE REGISTRY FEE IS \$25.00. PAYABLE WITH SUBMISSION OF THIS APPLICATION.**  
**PLEASE MAKE CHECKS PAYABLE TO: MONROE COUNTY HEALTH DEPARTMENT**

If applying by mail, PLEASE SEND FORM, CERTIFICATE COPY AND CHECK TO:

MONROE COUNTY HEALTH DEPARTMENT

Food Certification – Room 1020

P.O. Box 92832

111 Westfall Road

Rochester, N. Y .14692

(Information phone: **753-5869**)